

-62-019067

STATE FILE NUMBER

**AMENDED**

**FILED** MAY 31 1962

Primary Registration District No. 002

\_\_Registrar's No.

2455

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Rev. 4/59

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

DATE AMENDED

INSTEAD OF

### SHOULD READ

DOCUMENT

### MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Butler</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>507 N. Havana</u>	
3. NAME OF DECEASED (Type or print) First <u>Harvey</u> Middle <u>Lee</u> Last <u>Oberweather</u>		4. DATE OF DEATH Month <u>May</u> Day <u>5</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 16, 1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mayor, Butler, Mo.</u>		11. BIRTHPLACE (City and state or country) <u>Kentucky</u>	
13a. FATHER'S NAME <u>Henry Oberweather</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret H. Oberweather</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Margaret H. Oberweather, Butler, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Insufficiency</u> DUE TO (b) <u>Gastric Hemorrhage</u> DUE TO (c) <u>Gastric ulcer</u>		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>4:00</u> a.m. <u>5-5-62</u> Month, Day, Year		20f. CITY, TOWN, OR LOCATION <u>Butler, Missouri</u>	
22a. SIGNATURE <u>W. W. Greene M.D.</u>		22b. ADDRESS <u>4620 Nichols Pkwy, Kansas City</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>5-5-62</u>	
24. FUNERAL DIRECTOR <u>Stine &amp; McClure, Kansas City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-5-62</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>			

(Licensed Embalmer's Statement on Reverse Side)

JUN 5 1962

W. W. Wallace Green  
412 Plaza Albany Bldg.  
Wae 1-1850

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Behan W Meeker

Licensed Embalmer No. 5078

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.